

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	FS	66621	1/11
O.I.P.E. CLASSIFIER		2	01-17-00
FORMALITY REVIEW	DR	21423	2-14-02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	Original
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Claim	Date
51	Original
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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